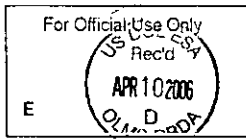


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



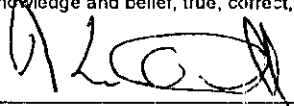
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 79940	2. Fiscal Year Covered From: 01 / 01 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name KEVIN O'DONNELL P.O. Box, Bldg., Room No., if any Street 208 OAK STREET City FLORENCE PARK State NY ZIP Code + 4 11001	4. Name, file number, and address of labor organization. Name NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS Labor Organization File Number 600-165 P.O. Box, Building and Room Number, if any Street 148-06 HILLSIDE AVENUE City JAMAICA State New York ZIP Code + 4 11435
5. Position in labor organization. CONTROLLER - UNION TRUSTEE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 3/29/2006	718-291-3434
	Date	Telephone Number

Name of Person Filing

KEVIN O'DONNELL

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name KEVIN O'DONNELL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 208 OAK STREET

City FLORAL PARK

State New York ZIP Code + 4 11001

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NOETU INDIVIDUAL ACCOUNT PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 148-06 Hillside Avenue

City JAMAICA

State New York ZIP Code + 4 11435

11.a. Nature of such dealing.

Controller

11.b. Approximate dollar value of such dealing.

20,596

12.a. Nature of interest held or income received.

Salary, Benefits

12.b. Amount.

20,596

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NOETU INDIVIDUAL ACCOUNT PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 148-06 Hillside Avenue

City JAMAICA

State New York ZIP Code + 4 11435

14.a. Nature of payment.

Reimbursed Educational
expenses and seminars
incurred as union trustee
and controller

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

2,948

Name of Person Filing	KEVIN O'DONNELL	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name KEVIN O'DONNELL
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 208 OAK STREET
City FLORAL PARK
State NEW YORK ZIP Code + 4 11001

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NOITU INSURANCE TRUST FUND
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 148-06 HILLSIDE AVENUE
City JAMAICA
State NEW YORK ZIP Code + 4 11435

11.a. Nature of such dealing.

CONTROLLER

11.b. Approximate dollar value of such dealing.

142,168

12.a. Nature of interest held or income received.

SALARY, BENEFITS
AND RELATED EXPENSES

12.b. Amount.

142,168

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NOITU INSURANCE TRUST FUND
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 148-06 HILLSIDE AVENUE
City JAMAICA
State NY ZIP Code + 4 11435

14.a. Nature of payment.

REIMBURSED EXPENSES
INCURRED AS CONTROLLER
INCLUDING EDUCATIONAL
SEMINARS

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

2671